

EMPLOYMENT APPLICATION
Metropolitan Health Department of Nashville and Davidson County
311 – 23rd Avenue, North Nashville, Tennessee 37203
(615) 340-5640
AN EQUAL OPPORTUNITY EMPLOYER

Answer every question on this form clearly and completely. Print in black ink or use a typewriter.

Name _____
Last First Middle Maiden

Present mailing address _____
Number and Street

City County State Zip

Address of actual residence (if different from above) _____
Number and Street

City County State Zip

Telephone Number (s) Home _____ Work _____

Social Security Number _____

Relatives employed by the Metropolitan Health Department:

Name _____ Relationship _____

Have you ever been convicted for violation of the law other than minor traffic offenses? ☐ Yes ☐ No

If yes, state the nature of the offense(s), city, state and disposition: _____

Note a conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought.

In the event of an emergency, please notify:

Name _____

Address _____

Phone No. _____

Relationship _____

Title of position applied for _____

How soon could you begin work? _____

May we refer to your present employer?

☐ Yes ☐ No

May we refer to your past employer (s)?

☐ Yes ☐ No

Do you have a valid Tennessee Drivers License?

☐ Yes ☐ No

Do you have a car for use if the position for which you are applying requires one?

☐ Yes ☐ No

Check conditions of employment you will accept:

☐ Temporary ☐ Part-time ☐ Permanent
☐ Days ☐ Evenings ☐ Nights

Minimum salary expected _____

Are you a United States Citizen? ☐ Yes ☐ No

Are you a member of an Active Reserve

Components? ☐ Yes ☐ No

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service?

☐ Yes ☐ No

If yes, explain _____

EDUCATIONAL BACKGROUND

Education	Circle highest Grade completed	Date last Attended	Did you graduate?	School – Name, City, State
Elementary	1 2 3 4 5 6 7 8			
High School	9 10 11 12			

COLLEGES, NURSING, BUSINESS AND OTHER SCHOOLS ATTENDED

School – Name, City, State	Mo./Yr. to	Mo./Yr.	Major and/or Subjects Taken	Degree and Year

Professional Licensure or Registration Numbers:

Do you claim Veterans Preference? ☐ Yes ☐ No If yes, complete the following:

Date of entry into Active Service _____ Date of Discharge _____ Type of Discharge _____

Branch of Service _____ Last Rank _____

EXPERIENCE: Begin with your present job and record all employment you have had. All experience related to the position for which you are applying should be described in detail.

Name of Employer _____
Address of Employer _____

Telephone Number _____ Job Title _____
Specific Duties _____

Reason for Leaving _____

From _____ To _____
Full-time _____ Part-time _____
Starting Salary _____
Last Salary _____
Supervisor's Name & Title _____

Name of Employer _____
Address of Employer _____

Telephone Number _____ Job Title _____
Specific Duties _____

Reason for Leaving _____

From _____ To _____
Full-time _____ Part-time _____
Starting Salary _____
Last Salary _____
Supervisor's Name & Title _____

Name of Employer _____
Address of Employer _____

Telephone Number _____ Job Title _____
Specific Duties _____

Reason for Leaving _____

From _____ To _____
Full-time _____ Part-time _____
Starting Salary _____
Last Salary _____
Supervisor's Name & Title _____

Name of Employer _____
Address of Employer _____

Telephone Number _____ Job Title _____
Specific Duties _____

Reason for Leaving _____

From _____ To _____
Full-time _____ Part-time _____
Starting Salary _____
Last Salary _____
Supervisor's Name & Title _____

I hereby affirm that the information I have provided in this application, employment history attachment (and the accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment.

I understand that nothing contained in this employment application, or in granting an interview, is intended to create an express or implied employment contract between Metropolitan Nashville Government and myself. No promises regarding employment or duration of employment have been made to me.

I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, verification of credentials and experience, and similar screenings required for the position. I understand that drug and/or alcohol tests are required for appointment to health and safety related positions, and for CDL holders who may drive in the course of employment. The results of the above screenings or assessments will be released to the department coordinator and may be a factor in determining my suitability for the position for which I have applied.

I authorize Metropolitan Nashville Government or its representatives to investigate and verify any and all of the information contained in this employment application, and to conduct a criminal background investigation. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment.

I understand that in Compliance with Tennessee Law, all applications are subject to Public Disclosure.

Signature

Date